

**FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

(1) Mr. Lowell Bone 60154-019

(Name of Plaintiff) (Inmate Number) :

P.O. Box 1000 / Lewisburg, PA 17837

(Address) :

(2) \_\_\_\_\_

(Name of Plaintiff) (Inmate Number) :

(Address) :

(Each named party must be numbered,  
and all names must be printed or typed)

vs.

(1) Warden Ebbert, (4) PA-C J. Ayers (8) LT. Snyder

(2) A.W. Colbert, (5) Acting Chief Psychologist J. Engle

(3) C.D. Edinger (6) Dr. Brackman (7) Dr. Eigenbrade

(Names of Defendants) :

(Each named party must be numbered,  
and all names must be printed or typed)

3-19-cv-112

(Case Number)

**CIVIL COMPLAINT**

**FILED  
SCRANTON  
JAN 17 2019**

PER

**DEPUTY CLERK**

TO BE FILED UNDER: 42 U.S.C. § 1983 - STATE OFFICIALS

28 U.S.C. § 1331 - FEDERAL OFFICIALS

**I. PREVIOUS LAWSUITS**

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

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## II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

A. Is there a prisoner grievance procedure available at your present institution?  Yes  No

B. Have you fully exhausted your available administrative remedies regarding each of your present claims?  Yes  No

C. If your answer to "B" is Yes:

1. What steps did you take? I requested medical and psychological treatment for two types of pain and aches.
2. What was the result? As of this writing I'm still being denied medical and psychology treatment.

D. If your answer to "B" is No, explain why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. DEFENDANTS

(1) Name of first defendant: Warden Ebbert

Employed as Warden at Lewisburg USP

Mailing address: P.O. Box 1000, Lewisburg, PA 17837

(2) Name of second defendant: Mr. Colbert

Employed as Associate Warden at Lewisburg USP

Mailing address: P.O. Box 1000 Lewisburg, PA 17837

(3) Name of third defendant: A. Edinger

Employed as Clinical Director at Lewisburg USP

Mailing address: P.O. Box 1000 Lewisburg, PA 17837

(List any additional defendants, their employment, and addresses on extra sheets if necessary)

## IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. See Plaintiff's Motion For Preliminary Injunction  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. RELIEF**

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. As of right now all I can ask for is pain medication for my left arm, wrist, hand and for the symptoms associated with anxiety attack. Once I'm in a better state of mind and condition, I can fully state the relief I need. Thank you.

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1-14-19 day of Jan, 2019.

L. Bone (1-14-19)  
(Signature of Plaintiff)

Names of Defendants cont... 2

(4) J. Ayers (Fourth Defendant)

Employed as Physician Assistant at Lewisburg USP

Mailing address P.O. Box 1000 Lewisburg PA 17837

(5) J. Enigh (Fifth Defendant)

Employed as Acting Chief Psychologist at Lewisburg USP

Mailing address P.O. Box 1000 Lewisburg PA 17837

(6) A. Brackman (Sixth Defendant)

Employed as Psychologist & SMU Coordinator at Lewisburg USP

Mailing address P.O. Box 1000 Lewisburg PA 17837

(7) R. Eigenbrade (Seventh Defendant)

Employed as Psychologist at Lewisburg USP

Mailing address P.O. Box 1000 Lewisburg PA 17837

(8) Saylor (Eighth Defendant)

Employed as IT at Lewisburg USP

Mailing address P.O. Box 1000 Lewisburg PA 17837

LEW 1330.16A

ADMINISTRATIVE REMEDY PROGRAM  
ATTACHMENT A

INFORMAL RESOLUTION ATTEMPT # 6156-18

In accordance with Program Statement 1330.16, Administrative Remedy Program, this form will serve as documentation by the respective staff member and his unit manager to indicate an informal attempt to resolve the complaint of the following inmate:

NAME: Bonne Reg. No. 60154-019  
FORM TO INMATE: 10-4-18 STAFF DITTE W  
(Date) (Name) (Unit)

A BP-229(13) WILL NOT ORDINARILY BE ACCEPTED WITHOUT THIS COMPLETED FORM ATTACHED

1. Nature of Complaint (to be completed by inmate):

I have severe pain in my left wrist, arm, and hand. P.A. Alvers have me doing this Non Physical Therapy Program for Carpal Tunnel Syndrome that does nothing but causes me more pain. This program requires me to use hot water and ice, neither one + have access to so this therapy is ~~useless~~ unless + can have access to hot water and ice, the third is to Acetaminophen and Tylenophine for pain and neither one helps for pain. I've even given P.A. Alvers sick calls for pain medicine. I am requesting some pain medicine and test to see what's wrong with my left arm, wrist, and hand.

Exhibit 1A

LEW 1330.16A

ADMINISTRATIVE REMEDY PROGRAM  
ATTACHMENT A (CONTINUED)

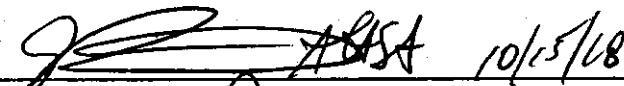
**FOR STAFF USE ONLY: (to be completed within 5 working days)**

2. Date Received from inmate: 10-09-2018
3. Staff Member Assigned to Respond to U/M: S. Brown, HSA
4. **Efforts Made to Resolve the Problem:** Mr. Bone, review of your electronic medical record reveals that you are receiving appropriate medical care. You were evaluated for your concerns on 09/12/18. You were advised to try OTC anti-inflammatory medication for pain and complete range of motion exercises for carpal tunnel syndrome, to see if you have symptom relief. Since then, there is no evidence you have purchased OTC anti-inflammatory medication from commissary or signed up for daily sick call for continued concerns pertaining to your wrist. If you feel your condition has changed or worsened, sign up for daily sick call to have your concerns appropriately addressed by your primary care provider.

5. Applicable Program Statement Used in the Informal Resolution Attempt:  
\_\_\_\_\_  
\_\_\_\_\_

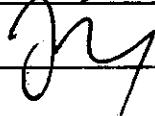
6. Inmate's Response to Informal Remedy Attempt:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared by: \_\_\_\_\_



10/5/18

Received by (U/M): \_\_\_\_\_



Original Returned to Inmate (Date): \_\_\_\_\_

Cc: Central File

Exhibit 1A(a)

Printed Name: Mr. Lavell Bone  
Register Number: 601646019  
United States Penitentiary  
P.O. Box 1000  
Lewisburg, PA 17837  
42-144-19

16 JAN 2019

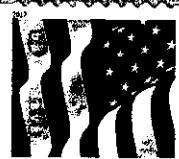
PLACE STICKER ON TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL**

2015 1660 0000 9132 0333



Special Mail



Office of the Clerk  
William J. Mealey  
Federal Building & Courthouse  
P.O. Box 11168  
235 N. Washington Ave  
Scranton, PA 18508

RECEIVED  
SCRANTON